

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004994 (8)

1. Corporation Name

ACURA TILE & MARBLE, INC.

Principal Place of Business

**8696 NW 38TH DR
CORAL SPRINGS FL 33065**

Mailing Address

**8696 NW 38TH DR
CORAL SPRINGS FL 33065**

2. Principal Place of Business

21 3320 SHALIMAR CIR.

Suite, Apt. #, etc.

22

City & State

23 DELTONA FLA.

Zip

24 32738

Country

2a. Mailing Address

26 3320 SHALIMAR CIR.

Suite, Apt. #, etc.

27

City & State

28 DELTONA FLA.

Zip

29 32738

Country

30

9. Name and Address of Current Registered Agent

**GOODWIN, BILL
8696 NW 38TH DR
CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified

01/14/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0383808

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	V
NAME	GOODWIN, JEFF
STREET ADDRESS	1300 E. RIVER DR.
CITY - ST - ZIP	MARGATE FL
TITLE	D
NAME	GOODWIN, JACK
STREET ADDRESS	3007 N.W. 5TH TERR.
CITY - ST - ZIP	POMPAHO BCH. FL
TITLE	S
NAME	GOODWIN, PHYLLIS
STREET ADDRESS	8696 N.W. 38TH DR.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	I
NAME	GOODWIN, BARBARA
STREET ADDRESS	4384 NW 9TH AVE., BLDG. 2-D
CITY - ST - ZIP	POMPAHO BCH. FL
TITLE	P
NAME	GOODWIN, BILL K
STREET ADDRESS	8696 NW 38TH DR.
CITY - ST - ZIP	CORAL SPRINGS FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Signature 14-0001

4-15-95